

REVIEWS.

DISEASES OF WOMEN AND ABDOMINAL SURGERY. By LAWSON TAIT, F.R.C.S. Edin. and Eng., LL.D., M.D. (Honoris Causa) of the University of New York, Union University of Albany, and the College of Physicians and Surgeons of St. Louis; Professor of Gynecology in Queen's College, Birmingham; Surgeon to the Birmingham and Midland Hospital for Women, etc. Vol. I. 8vo., pp. viii., 547. Philadelphia: Lea Brothers & Co., 1889.

THE title of this work is somewhat misleading, inasmuch as it implies that it is a systematic treatise on gynecology. As a matter of fact, only one hundred and seventy-five pages of the present volume are devoted to pelvic affections not requiring treatment by laparotomy. From the "table of the organs concerned" it will be seen that it covers about the same ground as Greig Smith's monograph.

Mr. Tait has practically included under one cover revised editions of his earlier and little known work on *Diseases of Women* and his more recent one on *Diseases of the Ovaries*, which differ so widely in character that they can hardly be expected to assimilate. Why he should have devoted one-third of this volume to a subject which he appears to regard with indifference, he does not explain. We can certainly draw no other inference from the preface than that, aside from laparotomy, there is little in the treatment of diseases of women which deserves more than a passing notice. This is not a judicious position for one to take who aspires to remodel a department of medicine in which good work has been done on more conservative lines. The key-note is struck in the following sweeping remark in the preface:

"The old-fashioned mechanical school—the teaching of the speculum, the sound, the caustic stick, and the pessary—has been practically killed, and an advanced eclecticism now prevails. This has largely grown out of the wonderful revelations obtained by the experiences of operative surgery."

We confess that the expression "advanced eclecticism" is somewhat vague; by the "old-fashioned mechanical school" is doubtless meant those misguided individuals who still pay some attention to non-surgical gynecology. Undeterred by this introduction, we are prepared to give full credit to the originality and genius of the author, to whom no candid man can deny that acknowledgment which, as he himself admits, the profession in America have cheerfully accorded.

Chapter I. is devoted to affections of the *mons veneris*, Chapter II. to diseases of the external genitals. In the latter the author makes some very sensible remarks on the delicate subject of sexual perversion in the female, and takes occasion to defend Baker Brown in his characteristic,

frank, and generous manner. It is a noble trait in Mr. Tait to espouse the cause of the dead in whose integrity of purpose he believes; we would venture to express our regret that he does not always show the same magnanimity toward the living who venture to differ from him.

In the section on the perineum he expresses his preference for Simpson's "shelf- pessary" for the relief of prolapsus, if any instrument is worn at all. We do not wonder that this crude appliance has not given him satisfaction after seeing the cut of it (Fig. 8). He has certainly had better results from operative treatment than most gynecologists. The flap splitting operation is described on pages 68 and 69, where we read that "denuding operations are wrong in principle in so far as they are mere attempts to return the vagina and rectum to their completely tubular forms, and really make no attempt to restore the perineum."

Again, on page 70, the sweeping statement is made that "no other kind of operation will stand the strain of another labor." This is rather hard on the hundreds of operators who have been equally satisfied with other methods of perineorrhaphy. It is hardly the mark of a progressive mind to be content with only one method of doing a thing when another may be better in a given case. We deprecate the multiplication of complicated operations for the repair of lacerated perineum, but we submit that no single one is capable of universal application.

Chapter III., on the vagina, is introduced by four pages on gynecological examinations, in which there is much that we cannot allow to pass unchallenged. We regret that our examining chairs "would soon be the ruin of any British gynecologist who introduced them into his consulting-room." Doubtless our tables would be still more offensive to sensitive English ladies. While we agree with the author that the digital examination of virgins "requires, in every case, a strong justification," we are not prepared to admit that "any man who employs a speculum in the examination of a woman who is a virgin is unfit for the practice of his profession." It is stated that "the most complete and satisfactory" bimanual examination can be made with the patient lying on her left side, and that "when the appendages are perfectly normal the ovaries and tubes can be mapped out quite easily (?) with the fingers of one hand pressed on the groin opposite the side which is to be examined." The latter statement is decidedly at variance with the experience of practised examiners, who have seldom been able to recognize positively the normal appendages except in the most favorable cases and with the exercise of all the cautions recommended by Schultze. The beginner who adopts Mr. Tait's method will be sadly disappointed.

After reading (page 73) that "the speculum requires to be used in examination very rarely," and that "it should be used as an assistant for operative purposes only," we are quite prepared to hear that Sims's instrument is rarely necessary, and that all kinds of bivalve and trivalve specula are "dangerous and absolutely unnecessary." "If a man cannot do his work with Fergusson's speculum, occasionally replaced by the duck-bill, he ought to give it up. A workman who needs complicated tools is an inefficient one or a quack."

"Cases of true vaginismus may occur," says the author on page 79, "but I must assert that they are quite unknown to me." He elsewhere states that vaginismus is "a term which is widely used as a cloak to cover ignorance and carelessness," and that he does not believe in "the spasmodic contraction of a muscle which has existed only as a dissecting-

room curiosity." Without making further quotations we are willing to balance the recorded observations of Sims, Winckel, Emmet, Thomas, and other careful clinicians against this sweeping statement.

Anterior colporrhaphy is denounced on page 82 as a "delusion and a snare," while on the following page we read that "a speedy and safe cure" of dilatation of the urethra "may be effected by removing an elliptical piece of the mucous membrane with its long axis in the direction of the urethra, and bringing the edges together by stitches."

Diseases of the bladder and urethra are treated very superficially. The method of closing vesico-vaginal fistulæ, so successfully practised by Sims and his followers, is curtly dismissed as "bad," the only operation described being the flap-splitting one of Collis, which is "suitable to almost every case, and to many cases which could not be subjected to the older methods with the smallest chance of success." No reference is made to the work of Emmet, from which we infer that the author's study of this difficult subject has not been as thorough as we would wish. "I think," he says, "the only instruments wanted for operation on vaginal fistulæ are a Fergusson's glass-barrel speculum, a straight knife, and a curved-handled needle!"

Chapter IV., on the uterus, covers a wide range of subjects, which are grouped together apparently with little regard to sequence. For practical purposes we may consider that the subject of diseases of the uterus (in fact, the portion of the volume devoted to minor gynecology) is concluded on page 175, where the section on fibroid tumors begins. The author refuses to recognize laceration of the cervix as a lesion requiring operative treatment. "The real trouble," he affirms, "is the subinvolution and the consequent chronic metritis, and nothing more useless than 'Emmet's operation' has ever been introduced into surgical practice." He thus ignores well-established ideas, and sweeps aside by a wave of the hand all that meet with his disapproval. Dilatation of the cervix with tents he rejects as dangerous, preferring to use an appliance (Fig. 11) which in crudeness of design rivals the famous mediæval apparatus of the Hôtel de Cluny. As regards the treatment of cancer of the uterus he is an acknowledged pessimist. "For it there is no cure." Hysterectomy he dismisses with contempt, since "the few cases in which the disease does not recur are clearly errors of diagnosis." (!) The pathology of metritis is hopelessly confused by the attempt to draw a sharp distinction between a traumatic and a septic variety, and to make subinvolution identical with chronic metritis. Ninety per cent. of the author's cases of subinvolution and "all its complications" have yielded to five-grain doses of chlorate of potash given three times daily, with ergot and rest in bed during the menstrual periods—a unique record!

Emmet and Matthews Duncan again come in for sweeping denunciation in connection with the subject of peri- and parametritis. Nor does Virchow escape severe criticism for having by the use of these terms "introduced a wholesale confusion into gynecology which it will take many years yet of industrious work to get right."

Some idea of the author's position in regard to uterine displacements will be inferred from the introductory sentence, in which he states that there has been no real addition to our knowledge of the subject since Simpson's lectures in 1848. There is a good deal of truth in his strictures on the abuse of the operative treatment of antelexion, though their force is weakened by the alternative which he himself offers—either purely con-

stitutional treatment or the removal of the tubes and ovaries. The radical operation he regards as "a far safer proceeding than the employment of intra-uterine stems." Such teaching as this cannot receive general acceptance. "I hate pessaries," he frankly admits, "and I never use them if I can help it." There is no indication from the context that he has ever taken the trouble to learn the elementary mechanical principles on which they act. Any gynecologist whose experience is limited to the "wedge pessary," figured on page 140, is scarcely in a position to discuss authoritatively the subject of displacements. Alexander's operation is decidedly condemned.

Eight pages are devoted to the infantile uterus—more than to the entire subject of displacements—the matter being largely a quotation from Dr. Johnstone's paper; the same applies to the section on uterus bicornis.

In taking leave of the subject of minor gynecology, we regret that Mr. Tait has not omitted this portion of the work entirely since it will certainly be the judgment of future readers, whose minds will be free from our narrow prejudices, that it has not added to his reputation either as a scientific observer or as a teacher. His attitude invites criticism. This is not an age in which even the most ardent hero-worshipper is disposed to follow blindly any leader who does not appeal to the intellect by the soundness of his reasoning, as well as dazzle the imagination by the brilliancy of his surgical achievements. Americans, as Mr. Tait must always admit, have been prompt to acknowledge the immense impulse which he has given to abdominal surgery, but this brilliant meteor which has shot across the sky can never extinguish the clear, steady light of those planets by which we have hitherto safely guided our course.

With much that relates to fibrous tumors of the uterus (which, by the way, ought to have been included in a separate chapter) we are already familiar in the author's former papers. On the subject of treatment he speaks with no uncertain sound. "Under no circumstances," he says, "do I sanction uterine tinkering with injections of astringents or electrical currents." In a patient under thirty he advises removal of the adnexa, even if the symptoms are not urgent, in order to arrest the growth of the tumor; in one over thirty-five, prompt resort to the operation if the rate of growth is rapid; in one over forty, palliative treatment, if possible, with a preference for laparotomy. A clear distinction is not made between intra- and extra-uterine tumors; in fact, the author seems to regard this as immaterial. From the brilliant results set forth in the table of statistics (262 cases of removal of the appendages with only four deaths) we are directed to the sharp contrast presented by the work of Apostoli and his followers (page 216). This is dismissed with a few words of disapproval. Nothing has been accomplished by the electrical treatment, and there is no prospect that there ever will be. As we contrast the patient plodder, who by sheer industry and perseverance has won for himself the respect and confidence of the scientific world, with the great Birmingham surgeon, we are reminded that "the race is not to the swift."

A separate chapter is devoted to the broad ligaments, concerning which the author says: "I doubt if there is any other *organ (sic)* of the body of so much importance in women." This strong statement is somewhat misleading, as appears later on; its importance is really due to the

organs enveloped by these peritoneal folds and their relations to morbid growths, not to any inherent importance in the so called "ligaments" themselves. On page 228 we read that "hæmatoceles are quite common after all operations involving the broad ligament, and experienced surgeons are quite familiar with them." The writer expresses the opinion that they occur in eighty per cent. of *all* operations and rarely cause serious trouble. "Of course, writers of library papers and irresponsible and inexperienced writers of anonymous reviews cannot be expected to know anything about such occurrences, and their ignorance has to be pardoned." In the face of this magnanimous attitude on the part of the author, we may venture to call attention to the fact that in vaginal hysterectomy (with which we have had some acquaintance outside of the library) the broad ligaments are involved more than in any other pelvic operation, yet resulting hæmatocele is certainly rare. In the voluminous literature of the subject we miss any reference to it. The two tables which conclude this chapter speak for themselves—102 cases of abdominal section for cyst of the broad ligament, with 2 deaths, and 37 successive cases of pelvic abscess treated in the same manner without a fatal result.

Chapter VI., on the anatomy and physiology of the ovary, has been carefully revised and bears ample witness to the active mind and wide research of the author; we believe, however, that it was a mistake to include arrest of development, prolapse, and hernia of the ovary in this chapter, instead of under the chapter on diseases of the gland as in his former monograph.

The title of Chapter VII., which includes 137 pages, is clearly a misnomer. It is headed "The Fallopian Tube and Menstruation," whereas it includes a wide variety of subjects, such as pelvic congestion, salpingitis, oöphoritis, hermaphroditism, etc. It might, with advantage to the reader, have been split up into at least three short chapters, in which it would have been easier for him to find the information, for a clue to which he will often consult in vain the imperfect index (there is no table of contents). The pages on the relation of the tubes to menstruation are exceedingly interesting. Even those who may not entirely agree with Mr. Tait's deductions must admit that he has made out a strong case. We note an important statement on page 312, *appropos* of the discussion at the last meeting of the American Gynecological Society, on the subject of performing laparotomy for the removal of the appendages during menstruation. "It has come to me to be a rule," he says, "to select the immediate approach of menstruation as the time for operation in many cases, and to be in others quite indifferent on the subject." Considering its high source this must be accepted *ex cathedra*.

Among diseases of the tubes we miss any reference to neoplasms, and especially to tuberculous salpingitis, of which a laparotomist of Mr. Tait's unique experience must certainly have met with several examples. Diseases of the tubes and ovaries are mixed up in the same confusing manner as in the former book. In discussing gonorrhœal salpingitis the author takes occasion (on page 371) to scout at the "zymotic theory of inflammation, which is now the fashionable craze." His admission in the next sentence that he has been content to obtain his knowledge of bacteriology second-hand decidedly weakens the force of the criticism. We agree thoroughly with his remark on the following page that "abuse is not criticism." Hence we are not willing to undervalue the impor-

tance of the gonococcus on the strength of Mr. Tait's sweeping denial of its existence.

At the top of page 364 there is a sentence in *italics*, which we quote entire, on account of its importance, viz.: "I am now quite certain that in the hands of a competent operator there are no adhesions of the uterine appendages which cannot be overcome, and no case ought to be left unfinished. Incomplete operations are the opprobrium of abdominal surgery, and operators ought to be more discredited by them than by anything else." This is mischievous doctrine. No one will deny that it may apply to such an experienced operator as Mr. Tait, but among his enthusiastic followers in this country it is calculated to do great harm. We have seen its results in the operating room, where men who disliked to have it said that they abandoned an operation, have recklessly torn out adherent appendages after the manner of the post-mortem table, to which the patient was speedily transferred. Very few of us can venture to imitate Mr. Tait in this respect, call this hesitation, "lack of experience" or by any other term of reproach.

The sentence which follows the one quoted is no less radical in its bearing. We are told that

"the retroverted and adherent uterus is a mere incident in the case and should be left alone." "Remove the appendages and arrest menstruation, and the uterus will cease to give trouble. The uterine adhesions are very liable to bleed, and to arrest this bleeding is a very difficult matter. In the few cases in which I have ventured to meddle with these I have had reason to regret my interference."

This is directly opposed to the every-day experience of those who have followed up the after-history of their patients, and we confess that we are unable to reconcile the difference of opinion, unless it is that Mr. Tait does not keep his patients under personal observation after they have been discharged as cured.

With the author's views on ectopic gestation we are already familiar, so that it will be sufficient to say that the concluding chapter on this subject is exhaustive and contains much that is interesting and suggestive. Even those who differ from him cannot withhold their admiration at the cogency and ingenuity of his arguments, based as they are upon his wonderful record in this line of work.

We have presented merely an outline of this volume, devoting less attention to the portion which deals with abdominal surgery, although it is the most important, because the reader is already more or less familiar with it. Many of the author's well-known views have been elaborated, especially those on tubal pathology. Mr. Tait never writes anything that does not command attention by reason of the originality of his ideas and the clear and forcible manner in which they are expressed. This is eminently true of the present work. Germs of truth are thickly scattered throughout it; single happily worded sentences express what another writer would have expanded into pages. Useful hints on the technique of surgical operations, ingenious theories on pathology, daring innovations on long-established rules—these succeed one another with a bewildering rapidity. The very want of coherence in Mr. Tait's book is typical of his phenomenal mental activity; his ideas crowd upon one another, and are apparently jotted down pretty much in the order in which they present themselves.

The style is terse and forcible. There is no element of doubt in the author's statement of facts and theories; if he thinks that they are so, they *are*, and that settles it. We have already referred to the personalities with which many pages bristle and which are out of place in a scientific treatise. Mr. Tait is too old a reformer to desire any longer the adoration of the young and inexperienced alone. His position has long been assured; it is hardly possible for him to add to his great reputation as a daring and original surgeon. Few reformers have ever enjoyed the present reward of their labors in such full measure as he; he can, therefore, well afford to be more temperate in his exultation and more tolerant of those who, while they admire his work, still claim the right to point out its flaws. But, with all his faults of omission and commission as an author, we cannot repress our admiration for the restless genius of the great surgeon, who can say with the lonely exile of St. Helena: "They may call me what they please, they cannot prevent me from being myself."

H. C. C.

ORIGINAL CONTRIBUTIONS TO OPHTHALMIC SURGERY. By J. R. WOLFE, M.D., F.R.C.S.E., Professor of Ophthalmology in St. Mungo's College; Senior Surgeon to the Glasgow Ophthalmic Institution. With illustrations. 8vo., pp. 97. London: J. & A. Churchill, 1890.

It happens not infrequently that an instrument, a procedure, a doctrine, put forth with honest enthusiasm, accepted by the profession, and still widely popular, has meanwhile been mainly or entirely discarded by its author. So when a surgeon of ripe experience culls from his earlier work, as has here been done by Dr. Wolfe, that which he regards as worthy of more attention than has yet been bestowed upon it, the selections he makes are not without their especial interest. Then there is the probability that larger experience, and the benefit of the criticism received from his colleagues, have added materially to the value of the views expressed.

The method of cataract extraction here advocated by Dr. Wolfe is quite different from any now popular, and in spite of the satisfactory results yielded in his hands does not promise to come into general favor. He does a small iridectomy some days before the extraction, but the chief peculiarity of the operation is that the section of the cornea, usually made downward, is at first but partial, a bridge of tissue being left standing until the capsule of the lens has been freely lacerated, and the lens fairly liberated. Then the incision is completed with a knife having a blunt point. The Daviel method, now returning to professional favor under the title "simple extraction," and the earlier Graefe incisions are sharply, and we think not quite fairly, criticised.

Incidentally, it appears that the author does not think much of cocaine, and uses it little, if at all, believing that its decided influence over the nutrition of the part must be harmful and a source of danger.

Wolfe's operation for detached retina has found more favor, though chiefly outside of Great Britain. It consists in dissecting down to the sclerotic, opposite the point where, by careful ophthalmoscopic study, the sub-retinal fluid has been found inclined to settle, incising the

sclera obliquely with a sclerotome, and keeping the incision open with a spatula until the fluid has had opportunity to drain away. Then the eyes are closed, and the patient kept on his back for two or three days. In reporting the successful cases here introduced, we notice a disposition to tell about different things the patient was enabled to see, or do, but a general avoidance of any statement of the acuteness of vision in terms of the standards in common use among ophthalmologists. Such a disposition may mark the tardiness of an elderly man in adopting later methods of expression, but he who exhibits it lays himself open to the suspicion that he is trying to magnify unduly the success of his treatment.

The author's work in plastic surgery in demonstrating the feasibility of transplanting large areas of skin, and of the rabbit's conjunctiva, without pedicle, have received such general recognition both at home and abroad that no special mention of it here is necessary,

The collection concludes with the account of a case of tuberculosis starting in the iris and ciliary region after local injury. The illustrations include diagrams explanatory of operative procedures, and pictures of patients who have undergone plastic operations. E. J.

A PRACTICAL TREATISE ON ECZEMA AND ITS TREATMENT. By M. J. RAE, M.D., Late Physician to the Blackburn and East Lancashire Infirmary, etc. 8vo., pp. 190. London: J. & A. Churchill, 1889.

It is stated that the volume has been prepared with the object of placing before the medical practitioner a full, yet succinct, history and description of the disease and its treatment, the work being written from the standpoint of a physician rather than that of a specialist. From a perusal of the pages, moreover, it is evident that the author's experience with the disease has not been a very large one, for we are struck by the absence of personal observations, such as one would expect to find in a monograph. The plan has rather been to collect and put forth the views of other writers. It must be accepted, therefore, as a compilation. A claim for originality can hardly be set up.

The essay does not go very deeply into the subject, but as far as it goes it is interesting. A variety of views on all points connected with the disease are presented, references, as a rule, being omitted. Some of the descriptions seem to us as being inaccurate or loose, as, for example, where in considering eczema ani it is stated that "deep fissures form around the anus, whence exudes an abundant, irritating discharge." Is the discharge here ever abundant? On another page: "High temperature producing violent perspiration causes eczema, forming a variety sometimes called miliaria rubra." Miliaria is usually regarded as distinct from eczema. Such statements, therefore, so different from the usually accepted views, call, we think, for some explanation.

In the matter of treatment the author is an enthusiast, for not only do we find a copious list of remedies, but many of them are endorsed in terms of unqualified approval, without, however, as a rule, giving the indications for their judicious employment. Some of the older English writers, such as Plumbe, Neligan, and Burgess are often quoted, while

the English authors and those of other countries of to-day are only meagrely referred to.

We meet with surprises not infrequently in the chapter on therapeutics, as where we read that mercury is "very efficacious in chronic and obstinate forms of the affection." In the same manner numerous other remedies and combinations are more or less highly lauded. With such an extensive armamentarium to draw upon, the beginner might feel that no difficulty ought to arise in curing any case of this disease. We miss throughout this chapter a guiding hand to inform us when to use and when not to use the remedies, and in what strength to employ them in the several stages of the disease. The knowing how to use the remedies, it must be admitted, is the secret of success in therapeutics. The book is written in an easy, agreeable style, which will win for it many readers; but, as already intimated, it can hardly be regarded as a substantial contribution to our knowledge of eczema.

PRACTICAL GUIDE TO THE DEMONSTRATION OF BACTERIA IN ANIMAL TISSUES. (FOR THE USE OF STUDENTS AND PRACTITIONERS.) By DR. H. KÜHNE, Wiesbaden. TRANSLATED WITH THE CONSENT OF THE AUTHOR AND EDITED BY VINCENT DORMER HARRIS, M.D. Lond., F.R.C.P., Demonstrator of Physiology at St. Bartholomew's Hospital; Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, etc., etc. Small 8vo., pp. viii., 53. London: Baillière, Tindall & Cox, 1890.

A manual for beginners should, we believe, contain the fundamental principles of the subject treated, so clearly expounded and so logically arranged as to insure their remembrance by the student. This we sadly miss in the little book before us. We look for a concise statement of the commonly employed methods of staining bacteria in tissues, and find instead only a rambling account of others which the author would substitute, more intricate, most of them admittedly requiring skilful manipulation to obtain the desired result.

Notwithstanding these defects, the book will be found to contain a number of useful hints for the more advanced worker desirous of preparing handsome specimens for purposes of demonstration, etc. Among these may be mentioned the use of aniline oil and of an alcoholic solution of fluorescin as differentiating agents for tissues so delicate as to be easily injured by acids. Again, it is advised in cases where lengthy immersion of sections in alcohol or aniline oil is necessary for dehydration, to diminish the decolorizing action of these liquids by the addition of a little of the dye.

The method most highly recommended for general work, and for which the claim is made that it will stain nearly every species of bacteria except the *bacillus tuberculosis*, is as follows: The sections are immersed for thirty minutes in carbolic methylene-blue (methylene-blue, 1.5 gm.; absolute alcohol, 10 c.c.; carbolic acid, five per cent. solution, 100 c.c.), they are then washed and passed through acidulated water (hydrochloric acid, 10 drops; water, 500 c.c.) into lithia water (saturated solution of lithium carbonate, 6 to 8 drops; water, 10 c.c.). After remaining in

this for a few minutes they are washed in water and passed into alcohol. The dehydration and differentiation are continued in aniline oil to which a little methylene-blue has been added, then in aniline oil alone, then in oil of cedar, bergainot or cloves, and finally in xylol, preparatory to mounting in balsam. A number of modifications of this method are suggested by which contrast stains may be obtained, but for these, and for the author's modifications of Gram's method and of the stain for tubercle bacilli, the reader is referred to the book itself. J. S. E.

A MANUAL OF OBSTETRICS. By A. F. A. KING, A.M., M.D. 12mo., pp. 431. Philadelphia: Lea Brothers & Co., 1889.

THE fourth edition of this manual appears revised and enlarged by the addition of chapters upon inter-current diseases of pregnancy and resuscitation of stillborn children. In subject matter, illustrations, and general arrangement, the manual is the best of its kind published in this country. It is up to the proven points of obstetrics, with the exception of a few unimportant and disputed theories. It will be a great gain when obstetric nomenclature is simplified as much as possible, and when the number of positions to be memorized is reduced to the smallest number, giving room in such a manual for more important matter. The success of the manual is an encouraging protest against the many quiz compends, essentials, and other primers and books for the easy learning of obstetrics which are much too common and too extensively used in the colleges; the ambition of the quiz masters to cram students for examination leads to a parrot-like process of memorizing which must leave the student deficient in well-digested knowledge when brought to grapple with practical life.

Dr. King's *Manual* is an excellent type of the class of books which a student can consult to advantage while attending lectures, and which that now classical type of medical man, "the busy practitioner," can use to refresh his over-crowded memory at convenient intervals.

The wholesale manufacture of doctors by medical colleges places upon the market annually what was aptly described in a recent medical address as "a machine-made article," and one of the implements extensively employed in turning out this product is the quiz primer. While the ground-work of obstetrics may be stated simply and with such brevity that any man of ordinary intelligence can easily apprehend it, any thorough and satisfactory knowledge of the subject must be gained by constant reference to at least one logically written and thoroughly prepared treatise. That a reaction in the minds of thoughtful men is taking place upon this evil of our system of education, is exemplified by a recent action of one of our obstetricians, who framed his examination papers in such a manner that the answers could not be obtained from a quiz compend.

E. F. D.